RI SOS Filing Number: 202570751940 Date: 4/17/2025 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2025
Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

| REC'D | | |
|-------------|-------|--|
| RIDOS B | STAMP | |
| SD 17:37 | | |

| 1. Entity ID Number | 2. Exact name of the Limit | 2. Exact name of the Limited Liability Company | | | | |
|---|--|---|------------------|----------------------|--|--|
| 1692323 | Village Barber, L | Village Barber, LLC | | | | |
| 3 NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | |
| 812111 | Barber shop | Barber shop | | | | |
| 5. State of Formation | | | | | | |
| Rhode Island | | | | | | |
| 6. Principal Office Address | 1 | City | State | Zıp | | |
| 3330 Mendon Road | | Cumberland | RI | 02864 | | |
| 7. Mailing Address of Limited | Liability Company and Name of | or Title of Contact Person | • | | | |
| Contact Name Gerard L. Courtemanche, Jr. | | Contact Title Sole Member | | | | |
| Street Address 3330 Mendon Road | | City Cumberland | State RI | ^{Zıp} 02864 | | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | | |
| | , I declare and affirm that I ha tements contained herein are | ve examined this report, includi e true and correct. | ng any accompany | ing schedules and | | |
| Name of Authorized Person | | | Date / | | | |
| Gerard L. Courteman | che, Jr. | | 41 | 14/25 | | |
| Signature of Authorized Pers | Same J Contr | tom | | | | |

FILED

APR 17 2025

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov